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San Francisco

HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, April 7, 2005
101 Grove St, Room 200
4:00-6:00 p.m.

(PLEASE NOTE: MEETING LOCATION)

ItemPresenterTime

- | <u>Item</u> | <u>Presenter</u> | <u>Time</u> |
|--------------------------|------------------|-------------|
| 1. Introductions | Group | 4:00 |
| 2. Review/Approve Agenda | Group | 4:03 |
| 3. Announcements | Group | 4:05 |
| 4. Public Comment | Public | 4:10 |

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M. Antonetty/ J. Newby 5:15
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REFERENCE BOOK

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Group 6:00

HIV Health Services Planning Council
730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	4:00
2. Review/Approve Agenda	Group	4:03
3. Announcements	Group	4:05
4. Public Comment	Public	4:10
5. Purpose and Structure of Housing Work Group <i>The group will discuss the following topics:</i>	Margot Antonetty/Jack Newby	4:15
<ul style="list-style-type: none"> • Purpose • Frequency of meetings • Commitment/ Membership • Standing Meeting time • Other items as needed 		
6. Elect Working Group Co-chairs-VOTE <i>The group will elect co-chairs.</i>	Group	5:05
7. HRSA Technical Assistance Process <i>The group will discuss the technical assistance process including:</i>	M. Antonetty/ J. Newby	5:15
<ul style="list-style-type: none"> • Scope of work • Preparation • Site Visit • Others items as needed. 		
8. Next Meeting Date & Agenda Items	Group	6:00

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San Francisco

HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, April 28, 2005
101 Grove St, Room 302
4:30-6:30 p.m.

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Item	Presenter	Time
1. Introductions	Group	4:30
2. Review/Approve Agenda	Group	4:33
3. Review and Approval of Minutes- April 7, 2005	Group	4:35
4. Announcements	Group	4:40
5. Public Comment	Public	4:45
6. Review Purpose of Work Group and Expected Outcomes <i>The group will review the purpose of the Housing Work Group and the expected outcomes of the group.</i>	Co-chairs	4:50
7. Proposed Structure and Operations of Group - VOTE <i>The group will discuss their proposed structure and operations and vote to adopt this structure.</i>	Group	5:05
8. Site Visit Review and Proposed Community Input <i>The group will discuss the plans for the site visit and proposed community input:</i> <ul style="list-style-type: none"><i>Dates and Time of Site Visit</i><i>Discussion of Policy Strategies</i><i>Committee Preparation prior to Meeting with Consultant</i>	Group	5:20
9. Next Meeting Date & Agenda Items	Group	6:30

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≡ HIV Health Services Planning Council
≡ Housing Work Group Draft MINUTES
Thursday, April 28, 2005
101 Grove St, Room 302
4:30-6:30 p.m.

In Attendance: See Attached Sign-In Sheet

Council Members: Brad Hume (co-chair); Margot Antonetty (co-chair); George Simmons; Raymond Banks; Laura Thomas;

Council Support: Jack Newby; Skot Jonz

Others: Richard Bargetto (Advocacy Project); Brian Basinger (AIDS Housing Alliance); Sara Malan (ALRP), Molly Stafford (ALRP), Matt Geltmaker (SFAF); Dana Van Gorder (SFAF); Pam Sims (SFRA); Mecca Cannariato (LSS); Sherilyn Adams (LSYS)

1. Introductions

2. Review/Approve Agenda

The group reviewed the agenda and made no changes. Dana from San Francisco AIDS Foundation expressed a comment about the agenda, saying that it seems too much time is spent on the business of group and site review but he has no clear understanding of the strategy and options. CM Antonetty pointed out a bulleted item under Item 8 on the agenda that addresses this. Without further objections the agenda was approved by consensus.

3. Review and Approval of Minutes- April 7, 2005

The committee reviewed the minutes from the April 7, 2005 Housing Work Group meeting. No changes were noted and the minutes were approved by consensus.

4. Announcements

There were no announcements.

5. Public Comment

There were no public comments.

6. Review Purpose of Work Group and Expected Outcomes

CM Hume indicated that the main purpose is to come up with a clear definition for "length of stay." CM Hume read from HAB Policy 99-02 Section A.II.a. and A.II.b. Section B. (Document provided to all in attendance and copy on file at Council Support Offices.). CM Hume indicated that this highlights the scope of this working group, and there remains less than two months to complete this work, and present a recommendation to the Full Council on June 27 for a vote. He expressed that the people at the table can think outside the box and will accomplish this very challenging task.

CM Banks asked if OIG was asking for money to be returned. CM Antonetty discussed how OIG recommends to HRSA to enforce the policy.

CM Hume reiterated that HRSA wants a definitive number. He mentioned not thinking about implementation at this point, but mainly looking at the strategy and working with a consultant who will help draft the policy.

CM Thomas agreed that it is necessary to come up with a number, but should think about how to implement because it will drive the strategy. She provided numerous examples of why this is important.

CM Antonetty agreed with CM Thomas that thinking about implementation is important in determining a strategy.

CM Banks asked if this policy will apply to the entire EMA or only San Francisco and only one number.

CM Antonetty clarified that it will be the entire EMA and only one number.

Molly from ALRP suggested that instead of a solid number perhaps a formula with some flexibility.

CM Simmons discussed that he read the HRSA letter, and asked if HRSA has sent something more specific.

CM Hume indicated that this will be covered in another agenda item later in the meeting.

The group reviewed the purpose of the work group and expected outcomes.

CM Hume confirmed that everyone in the group is clear on the purpose and outcome.

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7. Proposed Structure and Operations of Group - VOTE

The group will discuss their proposed structure and operations and vote to adopt this structure.

CM Hume discussed the proposed structure and operations of the working group. In terms of voting, Council Members present would vote, and CM Hume expressed the desire for consensus. CM Hume emphasized that the group stays focused and remains on point, and he suggested saving time by not repeating comments made by someone else. CM Hume added that if people miss a meeting that they take personal responsibility to find out what was missed rather than taking up time at a meeting.

Jack Newby informed the Group that Council Support will make every attempt to get minutes out in draft form to everyone who supplies their email address.

CM Hume also advised group members review documents prior to the meeting, and arrive on time.

CM Antonetty stated that if anyone wants information provided earlier to the group to contact Council Support.

CM Hume asked the Group if there was consensus with this structure.

CM Simmons asked for clarification about when a vote is required whether it will be Council Members only.

CM Hume replied yes, unless a consensus is reached.

8. Site Visit Review and Proposed Community Input

The group will discuss the plans for the site visit and proposed community input:

- *Dates and Time of Site Visit*
- *Discussion of Policy Strategies*
- *Committee Preparation prior to Meeting with Consultant*

CM Antonetty reviewed her efforts the past weeks and presented a schedule from the consultant. She also discussed whether the group can agree on a message. CM Antonetty mentioned that Harold Phillips previously worked for HRSA and now does technical assistance in this effort and provided a Schedule to all those present (Copy on file at Council Support Offices). She reviewed the proposed schedule and indicated that it was not an opportunity for people to tell Mr. Phillips that housing is needed, because that is not the purpose. CM Antonetty suggested that each site visit agency prepare a presentation.

CM Thomas suggested having primary medical care providers discuss the importance of CARE-funded housing as it relates to providing medical care. She suggested clinicians talk about the impact of not having housing.

CM Simmons discussed four quality of life questions on satisfaction survey and suggested forwarding to Harold.

Brian Basinger discussed that AHA is trying to serve everyone with HIV/AIDS rather than the small percentage with housing subsidies. He suggested that incomplete information gained from looking at CARE-funded housing and clients will not provide the full spectrum. He stated that he could review his database to determine differences between having a subsidy and not and how that affects obtaining housing and death rates.

CM Antonetty indicated that Mr. Phillips wants to hear other information and welcomes data from all sources. She stated that the service providers could also work on something together rather than doing things separately.

CM Banks asked about the list of site visits and indicated that most of them are male-dominated and inquired whether any women's housing could be considered. He suggested that one of the biggest needs is for women and children and this is not being looked at. CM Banks asked the group how many had actually lived in any of the places listed. Nobody except CM Banks had lived in any of the listed sites.

CM Simmons stated that his agency provides housing to women and children and most are living in supportive housing, subsidized housing, HOPWA programs, and other funding streams and none are CARE-funded.

CM Antonetty discussed one women's program, Shelter Plus Care, is only partially funded by CARE dollars and unsure about how this policy will affect that program. She suggested having the agencies provide outreach to their entire client population.

Someone in the group mentioned that Title IV is focused on the needs of women and children.

CM Hume asked if the Group had any ideas on the structure of agency presentations to maximize results.

Group discussed defining a strategy for site visits so information received by Harold is useful and productive.

CM Thomas added that no matter what the number ends up being that there are many other things that need to be figured out. One, the policy should be for consecutive months not a lifetime cap, that might make someone ineligible for substance abuse treatment because of the housing cap. CM Thomas also added that if this policy can be limited to subsidies and independent housing only that would be a victory.

Brian Basinger suggested looking at portability issues, especially when someone is being provided housing in a substance abuse treatment setting.

CM Simmons discussed the strategy, the need and who is being served. He suggested that 100% of his clients could be considered severe need under the Council's definition, and brought up the concern of eligibility requirements.

CM Banks suggested having different numbers for people in different situations.

Richard Bargetto reiterated comments of CM Thomas, and suggested adding the ability to apply for extensions based on circumstances.

Matt (SFAF) agreed on the extension piece, but wondered if that is drawing out the inevitable. He indicated that many of his clients on a subsidy program would be given an eviction with no place to go.

CM Thomas offered the suggestion of waivers for those with some certainty of permanent housing. By evicting people out of a place that they might later qualify for with Section 8 seems unreasonable. She suggested that HRSA may not consider it a priority to be concerned about the bad housing situation.

Pam agreed with the exception for those on a Section 8 wait list, and also asked whether HRSA has done anything in other EMA's with limited housing.

CM Antonetty informed group that there doesn't be an abundance of policies available and other EMA's seem to have been avoiding the topic. CM Antonetty clarified that although HRSA wants a number, it is acceptable to try for other things. She added that 18-months was an arbitrary number provided by OIG. Should waivers, exceptions, extensions, or whatever be considered (for those with medical need, wait list or special populations). Brian Basinger suggested being careful not to artificially create a situation where people do things to risk their health in order to qualify for these waivers, exceptions, etc. and cautioned against this approach. Brian also brought up the point of allocation which group agreed would be discussed later.

CM Thomas clarified that Section 8 is considered to be permanent housing and if CARE-funded housing which is not permanent housing and meant only to be a bridge until the Section 8 housing opens up.

Group discussed shallow subsidies versus deep subsidies.

Dana of SFAF asked about the mechanics of this policy and how it will happen.

CM Antonetty indicated that Harold would write the recommendation and present it to the Council with input from the Housing Work Group.

CM Simmons discussed how this recommendation going to Council could get denied by HRSA.

CM Antonetty discussed that Harold's job is to send something to HRSA that will not be denied. Money is coming from HRSA and Harold is getting paid to write the policy, but there is room for negotiation.

Group discussed how the actual negotiation will occur.

Dana asked about the bigger strategy question, citing page 11 of HRSA's own document and website that implies no timeline is required although they encourage EMA's to develop a policy. He suggested that since other EMA's are not doing it, why should the San Francisco EMA be the first. He posed the option that the group look at whether there should be wholesale cooperation or delay if possible.

CM Antonetty indicated that Council Support has been trying to locate policies from other EMA's as well as obtaining such policies from the San Francisco HRSA Program Manager. She indicated that the AIDS Office has been instructed to do something about this issue.

Jack Newby added that what Dana stated could be true, but if this group fails to come up with a policy and come up with a number that HRSA could arbitrarily pick a number that could be unacceptable. He also added that this process was intended to involve the people that are being affected. Either this group comes up with something or something is provided for the EMA.

CM Banks reiterated Jack's thoughts that if the Working Group tries to play hardball with the OIG and HRSA that it could result in damaging clients and the people who need housing. If we say that we are not participating in this and it backfires, it will definitely affect people.

CM Thomas indicated that HRSA is being nice by letting us create this policy and would like to have our buy-in. If the Council say "no thanks" it could be detrimental. This was not a condition of award, but merely their advice. Any policy related to housing must be voted on by the Planning Council for it to be approved. Housing and Urban Health must implement it.

CM Simmons discussed that both approaches to dealing with the HRSA request are compelling, and asked whether a City Attorney had looked at the HRSA regulations to determine whether the Planning Council must comply with the request. Why has the AIDS Office not referred this matter to the City Attorney? He also agreed that we should proceed with the site visits and recommendation, but at the same time strongly recommends running this by the City Attorney.

The city should provide some advice on this issue. How does the City and County of San Francisco and the Mayor's Office want this policy to read, in light of their efforts to reduce homelessness.

Sharilyn agreed with making a strategy. If there is no number required or not, this CARE money was provided for housing to connect to medical care. She suggested using their guidelines to extend this as much as possible. Molly of ALRP asked about the location of the information that indicates no timeline. Margot mentioned that the manual states different things on different pages, and she read several examples with regard to timelines.

Dana asked again about the larger strategy, and he suggested buying some time and one way to do that is to spend time discussing the absence of statutory or regulatory requirement to do this.

CM Antonetty discussed how the past strategy has been to push it away and mentioned that the writing is on the wall and the EMA is not likely to get away with delays any longer.

Someone asked about what the legislation says on the issue.

Dana stated that the legislation is vague.

CM Antonetty mentioned that if the City Attorney's Office is involved they will state that it is indeed vague, write an amendment, and then it would no longer be vague, which could buy a couple of years.

CM Simmons returned to the strategy issue. He declared his conflict of interest in being a shallow-subsidy provider. He discussed the impacts with discharging people from shallow and deep subsidy programs. CM Simmons agreed with CM Thomas' approach to exemptions.

Group discussed issues with Section 8.

CM Hume thanked CM Simmons for declaring his conflict of interest.

Molly of ALRP discussed the reticence to come up with a time, and the hesitance to not come up with one due to the risks involved. She discussed formulas for different scenarios that would comply with the request.

CM Thomas suggested putting parameters on what is and is not up for negotiation. Willing to work on a time frame and why, and why certain programs are not going to be under a length of stay policy and for what reasons. She suggested an assertive legal and political process to determine what the legal and political options are. She asked whether Pelosi and Feinstein staff had been invited to the site visits or even if they are aware of the issue. She also added getting the City Attorney to review the regulations and offer options. She also mentioned that the Mayor's Office and Redevelopment are not on Harold's schedule. In terms of reauthorization, the Council can attempt to change the language but it will be difficult to protect housing as a fundable service, as the reauthorization is leaning more and more towards medical services.

CM Banks asked for clarification about whether this was inevitable.

CM Thomas indicated that certain members of Congress want to see funds to go toward medical treatment and medications rather than housing and other services.

CM Simmons returned to strategy and mentioned that as a housing provider it would be difficult to tell someone with low income and a small housing stipend that they can no longer receive housing because of a time limit. He suggested returning to the waiver approach and some strategy to protect people.

Sharilyn echoed CM Thomas comments in looking at the changing times and fighting to keep services, but encouraged people to think about times we are in and think about exceptions. She suggested thinking about how to position ourselves to have the best possible outcome, longevity of care, connect people to Medical care, argue for housing, and have some way to create exceptions for people who need extensions.

CM Calandrillo discussed that he manages a shelter for homeless families and he throws poor people on the street all the time, but at the end of six months the City says they have to go. He suggested looking at what is done positively, and hopefully the clients got something during their stay that will keep them stable to help them move on. He suggested that this working group look at some way to tie something to the number that will permit people to transition to other types of housing.

CM Antonetty thanked CM Calandrillo for his comments. She added that her discussions with Harold that the face of HIV is changing, and if we received all the money now that was received in the early 1990s, it would be allocated differently now than before. Then, the transition for people with AIDS was to get worse, moving on to more supportive housing or hospice, but now the situation has changed. She discussed how these changes are affecting people, and that Harold wants to know what the collaborations are.

Dana asked what drives the belief of HRSA that a number needs to be provided. Can we say "yes, but..." is it a philosophical thing not to pay for housing forever, other housing available, etc. He suggested that the response is only going to result in moving people around from funding stream to funding stream, and the result will probably be just moving around the money.

CM Simmons mentioned the agenda in San Francisco is to eliminate homelessness, and the result here will be to create even more homelessness, putting people on the streets with disabilities, health problems, and mental

health and substance abuse problems. He suggested that Harold sit down with someone from the Mayor's Office or Homeless Czar. He stated that this is a huge contradiction.

Brian stated that he knows that people with HIV are put on the street every day with evictions.

CM Banks commented that there are two types of people: those who need housing and those who get housing and tear it up. Without a foundation it will be difficult for anyone to make progress. He added that perhaps the administration is against San Francisco, and suggested that people who are in need of housing and this is in the scope to be eliminated now, and posed the question about what services would be next.

Pam at Redevelopment discussed HOPWA and subsidy programs. Regarding switching dollars, it would only be the residential care facilities. She stated that HOPWA and HIRSA regulations are very different and it would be necessary to look at how this would affect recipients, or otherwise it could get worse. She suggested talking about the exact dollar amounts, and how this will affect recipients of long-term subsidy programs.

Brian commented on strategy and why HIRSA is requesting an expiration date and suggested that this is a means to reduce funding permanently. He added that homelessness of seniors and disabled people should be against the law, and he is working with one of the City Supervisors on how to push to legislate the City of San Francisco to pick up people who lose their CARE-subsidy to ensure they don't lose their housing.

Richard asked if the group was ready to work with a specific policy. He suggested that the general discussion is great but offered to start out at the top, to bridge those on Section 8 to be excepted, and the length of stay 2-3 years with a one-year extension, and from there a shallow subsidy for 2-3 years with an extension of another year. He suggested that this will have less of a negative impact on a client when they are told they have 6-8 years rather than a few months.

Dana suggested additional meetings or subgroups to look at these long term questions, such as moving money around and eliminate the problem. If we have to accept a policy, what can be swallowed, or work with City Attorney to forestall or delay the issue. This must all be completed prior to meeting with Harold.

CM Thomas agreed with Dana's ideas of having subgroups to work on organizing the community meeting, and another to draft policy.

CM Simmons agreed and suggested using Richard's proposal as a starting point.

CM Antonetty agreed that many issues need to be looked at as implementation issues, but to have less affected by the policy is a separate issue. The separate conversations need to be done no matter what. She agreed on a maximum with exceptions, extensions and waivers. She emphasized wording and language will be important. She suggested reviewing the schedule again, with one less site visit and add a visit with the Mayor's Office.

CM Hume added that the two key things are the political/legal action, another to focus on provider presentations, and future groups to look at implementation. He suggested that these are critical pieces to be completed for the consultant to maximize the information.

CM Antonetty asked for volunteers to put together provider presentations that include community and consumer input.

CM Hume added that agencies have been instructed to do whatever they think is best, but suggested parameters. CM Antonetty said Harold wants to hear what is working and isn't working in getting people off CARE-funded housing into permanent housing.

Sharilyn Adams (Larkin Street Youth Services) volunteered for the presenter group. Dana agreed to ask Matt from SFAF about his participation, George Simmons offered to help but added that he will be out of town on the 11th of May, and suggested that Chris will represent Assisted Housing and CCYO. Raymond Banks offered to be part of that group as well. It was agreed that this subgroup will decide how the agency site visit presentations will be structured.

Regarding who will be involved with the legal/political activities – Dana, Laura Thomas, Raymond Banks, and Brian Basinger. It was agreed to wait from Marc or CM Antonetty before approaching the City Attorney's Office. Group discussed meeting prior to the next scheduled meeting and agreed meeting on Thursday May 5, 4:00-6:30.

Jack indicated that Council Support is already overloaded and will not be able to assume responsibility for coordinating the subgroups other than providing email addresses. Group agreed.

Jack added that it might be a good idea to have the consultant attend some of the meetings of the housing group and inquired about sending the tape or transcript of meetings. Group did not agree.

9. Next Meeting Date & Agenda Items

The meeting adjourned at 6:43 pm.

San Francisco
HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, May 5, 2005
101 Grove St, Room 302
4:00-6:30 p.m.

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1. Introductions	Group	4:30
2. Review/Approve Agenda	Group	4:33
3. Review and Approval of Minutes- April 28, 2005	Group	4:35
4. Announcements	Group	4:40
5. Public Comment	Public	4:45
6. Housing Work Group Updates	Subgroups/Council Support	4:50
<ul style="list-style-type: none">• Update on Provider Presentations and Community Input• Update on Legal/Political Activities and discussions with City Attorney/Mayor's Office• Update from Council Support on length of stay policies from other EMAs		
7. Strategy for Defining Length of Stay Policy <i>The group will decide on a strategy with regard to defining a length of stay policy</i>	Group	5:30
8. Status of Site Visits with HRSA Consultant <i>Committee Preparation prior to Meeting with Consultant</i>	Group	5:50
9. Future Implementation of Length of Stay Policy <i>Group will discuss future implementation of the policy</i>	Group	6:15
10. Next Meeting Date & Agenda Items	Group	6:25

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Council Members: Brad Hume (co-chair); Margot Antonetty (co-chair); George Simmons; Raymond Banks;

Council Support: Jack Newby; Skot Jonz; Joe Lynn

Others: Brian Basinger (AIDS Housing Alliance); Sara Malan (ALRP); Dana Van Gorder (SFAF); Pam Sims (SFRA); Sherilyn Adams (LSYS); Elizabeth Colomello (SERA); Michelle Long Dixon

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1. Introductions

CM Antonetty mentioned that Michelle Long Dixon was expected to arrive, and a few others who mentioned that they might be late. Several Working Group members agreed that it was necessary to meet again before the consultant meeting next week. Several people mentioned that they need to leave early.

2. Review/Approve Agenda

The Group reviewed the agenda. There were no changes and the agenda was approved by consensus.

3. Review and Approval of Minutes- April 28, 2005

The Group reviewed the minutes from the April 28, 2005 Housing Work Group meeting and expressed appreciation to Council Support for the level of detail in this important meeting. A request was made to add to the minutes: So far, HRSA has not asked for a return of the funds in Section 6 regarding a response to the question posed by CM Banks. With that change, the minutes were approved.

4. Announcements

Brian Basinger mentioned that the Civic Center Hotel is marked for demolition and described how it is substantial source of housing for disabled HIV people and is to be replaced with luxury condominiums. He expressed the need to preserve the housing that people already have and encouraged Council Members and others present to support the effort. Brian also mentioned the activities of AHA in preserving the housing at Trinity Towers to avoid having seniors and disabled persons evicted. He explained the negotiations.

Jack Newby informed the group that the Needs Assessment survey instrument has been finalized and the kick-off has begun.

5. Public Comment

There were no public comments.

6. Housing Work Group Updates

- *Update on Provider Presentations and Community Input*
- *Update on Legal/Political Activities and discussions with City Attorney/Mayor's Office*
- *Update from Council Support on length of stay policies from other EMAs*

CM Banks discussed the provider presentation and suggested a correlation between homelessness and adherence to medication, to point out when people are housed it directly relates to primary care and Ryan White. He suggested emphasizing that a stable housing environment is the best way to keep people healthy. CM Banks asked if the providers could be directed to emphasize these points to the HRSA consultant.

CM Simmons discussed his activities with Sharilyn, and they each provided the group with an update on the provider presentations, primarily stating that they have not heard a response from anyone. Sharilyn also invited providers to attend this meeting tonight. CM Simmons mentioned that the first two questions are the most important: where do you move people to after transitional housing? And who are the agencies collaborating with to move people into housing?

CM Antonetty discussed conversations with CM Thomas about a meeting on the 11th of May at the lunch with CARE medical providers to make arguments for stable housing.

Brian Basinger mentioned that Willie McFarlan published an article with regard to lack of housing and a 15% increase in death rates, broken down by zip codes. Brian suggested that his information might be useful, and if possible to get him to speak to the HRSA consultant.

CM Antonetty replied that on such short notice it might not be realistic to get this person, but a link to his data could be provided.

Group discussed the short amount of time remaining to contact providers.

Sharilyn mentioned that she is unsure why the providers are not responding and suggested that Michelle send a letter to generate more interest, implying that her signature might hold more weight.

CM Banks suggested a personal meeting to offer an invitation to providers to attend.

Michelle discussed that Baker Places needs to respond and participate. She suggested sending out a similar letter request under her name.

CM Simmons mentioned that the problem is trying to explain the gravity of the situation without being dramatic or understating.

CM Antonetty advised various members of the group on the value of what their presentations can offer the HRSA consultant.

Regarding the legal/political update: Dana discussed the potential value of engaging the City Attorney to review the regulations, as well as advising the Mayor's Office and their efforts with homelessness and housing. Dana mentioned that the conversation resulted in discovering that the Mayor's Office is aware of the issue and looking for DPH to resolve it. As for the City Attorney, it was agreed that strategy could have unfavorable consequences, and it is advised to not move in that direction. He concluded that it is necessary to get serious and come up with a policy.

CM Antonetty discussed that there are no other EMA policies and posed the question why San Francisco has to be the first to develop a policy.

Michelle mentioned her conversations with HRSA to postpone this process in light of the OIG findings. HRSA is not where this request is originating. San Francisco has an obligation to the clients to come up with a policy and to work with the HRSA consultant, and if he has information around how these policies work it would be helpful to know this and utilize his expertise in developing a policy.

CM Banks discussed how the option of legal resources might be helpful to expand the knowledge base.

CM Hume mentioned that the focus is to come up with a policy that is acceptable.

CM Banks suggested that the legal research could help in developing a policy.

CM Hume mentioned that anyone is free to do that and reinforced that it is necessary to come up with a policy that is acceptable to HRSA.

Regarding update on other EMA policies: Dana asked if other cities do not have policies if they are simply not available.

Jack Newby updated group that of the three or four responses he has received, there is little detail. Either the service is not provided at the same level as San Francisco or the length of stay amount of money is very limited, such as \$500 or \$1000 per year. Their policies are limited by the amount of money available.

Dana asked about EMAs outside California.

CM Hume and Antonetty mentioned that they had little success obtaining information from other EMAs.

Jack reviewed his discussion with Lorenzo regarding the agenda for the site visits, and suggested that the consultant would provide some of that information regarding policies in other EMAs.

7. Strategy for Defining Length of Stay Policy

The group will decide on a strategy with regard to defining a length of stay policy

CM Antonetty mentioned that the last working group meeting began developing the initial framework around the policy.

The group discussed the possibility of having the length of stay policy not attached to a client, but to a program, so that it is not cumulative.

The following was written on the white board for those present to review and discuss:

Length of stay Policy: To ensure Eligible clients gain or maintain access and compliance to medical care through stable housing

Length of Stay not to exceed 5 years or 60 months

Length of Stay shall apply to each housing program separately in order for client to maintain access and compliance with medical care

Length of Stay policy or details thereof, cannot contradict federal state and or local laws and regulations

Extensions/Exceptions:

- *12 months' extension if deemed medically necessary by primary client's primary care provider for the sole purpose of maintaining access and compliance with medical care*
- *Extension: Loss of CARE would cause homelessness.*
- *Exceptions: Special needs Populations (age, other disabilities, etc).*
- *Prioritization for special needs populations*

Implementation: Extenuating circumstances

- *Step up process from CARE support to non-CARE*
- *Reality of lack of affordable housing to move on to*
- *Annual percentage of clients to move off CARE in each program*
- *Maintain spectrum/continuum of care*
- *Limitations on when implementation starts, and how much time is allocated for implementation*
- *"Grandfathering in" or "hold harmless" for current clients*

CM Antonetty reviewed a list of exceptions and possible extensions put together by Richard Bargetto.

Group discussed.

CM Simmons asked whether loss of housing would result in loss of subsidy, would that trigger an extension until the client could stabilize or find other housing.

CM Banks asked about extensions and exceptions, and what is the cumulative total.

Group agreed that has not yet been discussed.

Brian Basinger discussed the issue with regard to medical necessity as determined by primary medical provider, then nearly everyone will qualify.

CM Hume mentioned that it would not be perfect or meet everyone's needs.

Brian discussed having several options for having people become eligible for an extension, such as in addition to a letter from a doctor, also include whether they are spending a substantial percentage of their income on housing.

Group discussed that other funding streams for mental health and substance abuse would prevent using that as a compelling argument for an extension on the length of stay policy.

Sharilyn wanted to know about substance abuse or mental health clients, if they lost their subsidy would that impact their health. In terms of strategy, the group discussed that they seem to be coming up with ways to qualify for extensions and exceptions, rather than a strategy for coming up with an actual policy

Dana mentioned that something positive needs to be offered.

Brian Basinger discussed an escalator plan so they go from subsidy to no subsidy, and sees this as a positive movement. From deep subsidy, to shallow subsidy, to independent housing. Suggested a backup plan to the primary care physician letter, and suggested objective medical standards.

CM Banks asked if special needs includes the "severe need" as defined by the Council.

CM Hume reiterated comments from Michelle, that these are the elements included in the length of stay policy, such as an upward stepping motion.

Michelle asked if there was any historical information about where people go when they leave supportive housing or subsidized housing.

CM Simmons mentioned that his program at CCCYO tracks where people go.

Michelle suggested trying to do something that is similar to what is already being done. CM Simmons reviewed the current system of how people obtain different subsidies from vouchers, to HOPWA, to different subsidies with a gradual stabilization, and mentioned that the information could be unreliable. Once losing a subsidy, clients are often discharged onto the street. Exit strategies have been successful and CM Simmons suggested communicating these issues to the HRSA consultant. CM Simmons mentioned the development of housing projects with shared money, and the creative ways that have been used to finance new construction, and mentioned that the number of beds has actually increased. Group discussed various issues with regard to the current situation with short-term and long-term housing and how to present this information to the consultant. CM Simmons mentioned that the goal for clients who pay more than 80% of their income for housing is to move them to stable, independent housing. CM Banks suggested that young people get priority and that those under age 25 get an exclusion from the length of stay policy. Group discussed populations that should be excluded, as determined by the special needs populations. CM Simmons discussed the wait list issue, and that approximately 95% of people on Section 8 wait list are housed, and simply waiting for subsidized housing. Sharilyn suggested that working with the consultant may help to identify other exceptions and circumstances with policies in other EMAs. Group discussed that the consultant visit will result in him writing a policy for review and acceptance. Group discussed that it is important for the consultant to be aware of the various issues, presented by the providers, the AIDS Office, medical providers, and others. CM Banks discussed adding education as one of the extenuating circumstances to help people get out of the system.

8. Status of Site Visits with HRSA Consultant

Committee Preparation prior to Meeting with Consultant

CM Antonetty distributed a revised schedule and pointed out the few items that had changed. Group discussed what actions need to occur between now and the date of the meetings. Sharilyn expressed concern about the provider presentations. So far CCYO, Baker Places, Larkin Street, and Supportive Services are planned to participate. CM Hume expressed a desire for presentations to be focused and answer questions for the consultant. Key points have been communicated to the providers and it was discussed how this should run fluidly. Group discussed the option of having Council Support available in the event a PowerPoint presentation is needed. Council Support agreed and suggested that if such presentations will be given to notify Council Support in advance so preparations can be made. CM Hume discussed why the legal/political issue has been put aside for the moment. A list of items have been identified to share with the consultant, and CM Simmons mentioned that the consultant would be hearing these from different people in different ways throughout the day, specifically that there is a shortage of affordable housing.

CM Antonetty asked Council Support to send out the items listed on the length of stay policy exceptions and exclusions to be prepared and distributed to working group members.

9. Future Implementation of Length of Stay Policy

Group will discuss future implementation of the policy

Group discussed the plan of having the consultant rationalize whatever policy it arrived at. The implementation could be a long-term plan and will result in a major shift in how things have been done in the past, whether there is a grandfather clause, and other issues. CM Simmons indicated that it could be discussed with the consultant that the plan drawn up ten years ago is obsolete and needs to be revisited. Group discussed various options for implementing the length of stay policy, including shifting of funds such as HOPWA and CARE, and that this is something that is not needed right away, but certainly would be good to look at soon. Portability was another approach to implementation that can be discussed in the future.

Another approach discussed is to bring together all housing providers in the broadest sense to brainstorm on the implementation of the policy.

Brian Basinger discussed how he has been putting together a project which is a vision of AIDS housing in San Francisco by the year 2020. He suggested that as many people as possible get together to become more focused on what is being done.

CM Antonetty closed the discussion

10. Next Meeting Date & Agenda Items

The next meeting will follow the housing presentation on May 11th at the State Building and will replace the formerly scheduled meeting on May 12th.

Group discussed with Council Support the items to be included on the agenda.

The meeting adjourned at 6:10 pm.

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MAY - 6 2005

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- HIV Health Services Planning Council
 - Housing Work Group Draft Agenda
 Thursday, May 11, 2005
 The State Building
 455 Golden Gate Avenue (between Larkin & Polk Streets)
 Milton Marks Conference Center
 Lower Level, Benicia Rooms
 3:00-6:00 p.m.

(PLEASE NOTE: MEETING LOCATION)

DRAFT

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	3:00
2. Review/Approve Agenda	Group	3:02
3. Review and Approval of Minutes- May 5, 2005	Group	3:04
4. Announcements	Group	3:06
5. Public Comment	Public	3:10
6. Housing Program Presentations	Various Housing Providers	3:15
7. Questions and Answer Session <i>Harold Phillips, HRSA Technical Consultant will answer questions from the public, service providers, and Council Members</i>	Harold Phillips	4:15
8. Break for Lunch	Group	4:35
9. CARE Housing Work Group Meeting <i>Group will discuss the provider presentations and other issues for developing a length of stay policy</i>	Group	4:45
10. Next Meeting Date & Agenda Items <i>Group will discuss items for the agenda at the next meeting scheduled for May 26.</i>	Group	6:25
11. Meeting Adjourned		6:30

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 The State Building
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 Milton Marks Conference Center
 Lower Level, Benicia Rooms
 3:00-6:00 p.m.

(PLEASE NOTE: MEETING LOCATION)

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5. Public Comment	Public	3:10
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7. Questions and Answer Session <i>Harold Phillips, HRSA Technical Consultant will ask questions of the presenters</i>	Harold Phillips	4:15
8. Break for early dinner	Group	4:35
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**HIV Health Services Planning Council
Housing Work Group Draft MINUTES**

Wednesday, May 11, 2005

The State Building

455 Golden Gate Avenue (between Larkin & Polk Streets)

Milton Marks Conference Center

Lower Level, Benicia Rooms

3:00-6:00 p.m.

Committee Co-Chairs: Brad Hume, Margot Antonetty

Chris Calandrillo (Catholic Charities CYO), Tom Swindler (Catholic Charities CYO), Tyrone Payne (TARC), Matt Geltmaker (SFAF), Andre Robertson (Black Coalition on AIDS), Carli King (Ark of Refuge), Sara Malan (ALRP), Dana VanGorder (SFAF), Sherilyn Adams (LSYS), Tim Patrilaria (Maitri), Elizabeth Cromello (SFRA), Pam Sims (SFRA), Kevin Fauteux (Derek Silva), Brian Basinger (AIDS Housing Alliance), Raymond Banks (Council Member), Michelle Long Dixon (SFDPH), Harold Phillips (Consultant)

1. Introductions

2. Review/Approve Agenda

The group reviewed the agenda for the current meeting. One change was made that the ending time should be 6:00 p.m. No other changes noted and the agenda was approved by consensus.

3. Review and Approval of Minutes- May 5, 2005

The group reviewed the minutes from the May 5, 2005 Housing Work Group meeting. Without objection the minutes were approved.

4. Announcements

No announcements.

5. Public Comment

No public comment.

6. Housing Program Presentations

Matt Geltmaker from SFAF – discussed his program with 303 subsidy clients. Mr. Geltmaker provided statistics on the clients with regard to income, insurance coverage, and substance abuse issues. More than half of subsidy clients are in the 40s and 50s age groups. He also discussed the reasons people left the program, most died, some moved out of the county, some increased income and no longer qualified, health declined and moved into hospice or supportive living facility, some moved to other subsidized wait-list housing, some became incarcerated. This highlights that there are few options for people to move to. He discussed the SRO situation with shared bathrooms and community kitchens that many people are not able to tolerate. Additionally, issues with going back to work and increasing income that disqualifies people from the programs can inhibit people from returning to work. He discussed the SFAF three-phase policy for returning to work. He discussed a 300% increase in clients discussing their anxiety and fear about budget cuts and losing housing, which has a direct impact on client quality of life. (Handout available to Mr. Phillips and on file at Council Support Offices).

Andre Robertson from Black Coalition on AIDS – Program Director. He discussed that BCA faces similar issues and that housing is at a premium in San Francisco and people look outside the county for affordable housing. He mentioned that people transition to Bernal Heights housing project. Some need intensive care and support to manage a household. When they transition out they end up in the Tenderloin, and often tend not to want to go there because of substance abuse issues. Double and triple diagnoses, with HIV, substance abuse issues, and mental health issues may be significant barriers to stable housing. He mentioned that one of the challenges is that African American MSMs are in the top priority, and most services are oriented toward gay men, suggesting that services for women are few and far between.

DOCUMENTS DEPT.

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Chris Calandrillo from Catholic Charities -- Discussed two programs. Partial rent subsidy and Derek Silva. He discussed a range of 9 programs, including the CARE-funded programs. Housing for women, facilities for disabling HIV, a health fund that is funded by a foundation to pay for glasses and other medical needs. He explained other sources of funding. Chris reviewed the programs and qualification criteria. He presented data on how many people had been in the program over the past 24 month period. He indicated that these subsidies only pay for SROs (again with shared kitchen and bathroom) and emphasized that there are few or no options for people to move to. He discussed program caps, and how people left the program. He indicated that the program targets those with the highest level of financial need. (Supporting document with statistics and data provided to Mr. Phillips, and on file at Council Support Offices)

Kevin Fauteux from Derek Silva discussed the program that provides housing at a building located at Market and Van Ness. He discussed that the building went on the market which threatened the housing situation of the residents. The building was purchased by Mercy, and residents were transitioned to Section 8. He discussed that Catholic Charities provides support services for the 70 or so residents. He explained the transition that has taken place and the new population of residents with new problems (directly out of prison, off Section 8 waiting list, from the Tenderloin). He indicated they are trying to integrate with the current population. The previous residents who have lived there for up to ten years, and CCCYO is attempting to work with the residents to make a stable housing environment. Population is primarily a gay population, and they are now bringing in women and children and integrating them together which can be challenging.

Tyrone Payne from TARC – Unlike other programs discussed today, the program at TARC is truly an emergency program. He mentioned that most clients stay 7-21 days, and it is not designed for permanent housing. Primarily focused on getting clients hooked up with medical care. Clients have little housing history, but may have significant problems with substance abuse, mental health issues, and a history of incarceration. He mentioned a large client population of transgender, and that TARC has become a home in the Tenderloin, with the drop in center and the emergency housing program. Regarding where people can go for housing, he discussed HOPWA, SFAF, and Catholic Charities, as a bridge to connect to other services. Issues unique with San Francisco, he discussed the lack of housing available and mentioned that the landlords have difficulty accepting someone with no rental history or other problems.

Jonathan Vernick from Baker Places – Executive Director. He discussed that their program is support housing and is an outcome of treatment and not a primary task. He described how people needed a place to go after substance abuse treatment. He explained how this was developed during the time before medical interventions that are available today. Mr. Vernick discussed the history of Baker Places. He indicated that the San Francisco population has a significant percentage with mental health and substance abuse issues (in addition to the issues with regard to HIV/AIDS). He indicated that substance abuse does not have the same continuum of care and does not have as many options for supportive housing. With mental health disorders there seems to be more programs and housing options available. The program first designed for those with substance abuse issues and HIV/AIDS who needed housing. He stated that it is easier to get into the program than it is to get out. Not a question of affordability or absence of housing, but rather lack of universal agreement on a policy of which population should be served. He discussed the way housing is set up in San Francisco does not address the needs of many of the Baker Places clients. He discussed that on a provider level there is a large amount of coordination with other agencies taking place, however the same is not true for the administration. He ended by saying that the longer term coops are more stable than the short-term housing arrangements. He said this has as much to do with the demographics as with the medical interventions available for extending life. He explained that the short-term housing is less desirable and people are less likely to enroll in those programs. The client population of substance abusers is less challenging today than it was only a few more years ago. He indicated that the provider must change with the client population to avoid exiling the clients.

Sherilyn Adams from Larkin Street Youth Services – She discussed Larkin Street Youth Services that provides programs to youth age 13-24. She described the demographics and issues around substance use and mental health disorders. She indicated that many of their clients arrived in the city after fleeing their home state or country of origin who were escaping abuse. Many have lack of verifiable income, have not signed up for entitlements, have limited medical care, and come to the program through the rapid testing program. She

mentioned the process for transitioning people off the program. She discussed the unique issues with the younger population that has difficulty understanding that their behavior has direct consequences on their life.

7. Questions and Answer Session

Harold Phillips, HRSA Technical Consultant will ask questions of the presenters

CM Antonetty discussed the activities from yesterday and today with site visits with Harold Phillips. She mentioned that Harold Phillips will ask questions of providers.

He described what has happened in San Francisco and Washington DC with regard to HRSA. He worked at HRSA on the housing policy and mentioned that he has left HRSA and works as a consultant. He understands HRSA in a way that few people do.

He explained that a lot gets lost in the dialogue. Because when the housing policy was created, it emerged as part of an "unfortunate accident." A question came about regarding amount of funds spent on housing rather than health care services. At that point it went to the attorneys at HRSA who decided that they needed a policy as there was no legislation around it. Fear that if left up to Congress they would say the money could not be spent on housing. In 1999, To avoid leaving it in the hands of Congress, HRSA put out the policy and got through reauthorization. The policy is still unclear about housing. Since then HRSA has been trying to determine how to implement the policy. With Mr. Phillips' background in housing, he was able to create the document. He moved on to discuss the OIG audits that looked at several EMAs. One of the problems with the OIG audit is that HRSA did not define "length of stay" deliberately because it could not be mandated by Washington because the housing issues of different EMAs are so vastly different. He indicated that Washington did not have the ability to define length of stay. He discussed that HRSA needs to define length of stay. The possibility is that it will be enforced by the City and HRSA and providers and clients being put out on the street again.

Harold discussed why he believes that retroactivity is a bad idea. He also discussed that the 18-24 months is arbitrary and unsure where that came from, and people at HRSA have talked about it but he believes they never gave this specific number.

He indicated that the direction he is moving in is to have extenuating circumstances. No defined length of stay, but rather a defined length of stay for each provider that uses funds for housing. Since each provider works with different target populations and barriers and issues and unpredictability. Part of contract negotiation will include some discussion with regard to their average length of stay and barriers to cause length of stay to be extended.

He suggested monitoring the performance goal, and an opportunity to discuss extenuating circumstances. He also discussed looking at clients with extenuating circumstances to determine why someone may have been receiving housing subsidies for 8 or more years.

The majority of people are moving through the system, and providers are finding funds from different sources. However, the reality is that sometimes it is not possible with the issues. This provides the opportunity to monitor the policy and have discussions on the issues that will keep Washington content.

Regarding discussion of clients not able to move through the system it will be necessary to look at and come up with explanations for why they cannot move on and come up with solutions.

HRSA will get a definition for length of stay, but not just one definition. If trying to reach hard to reach, multi-diagnosed clients, it could take more than 36 months and identify the reasons.

HRSA watching this process in San Francisco, because whatever happens here may be implemented in all the Title I EMAs throughout all 50 states. What is done here will be duplicated elsewhere.

Harold's major points and beliefs around this issue are:

1. Nobody has done anything wrong
2. It is not HRSA's desire to put clients out on the street again

3. HRSA feels a little bit stuck because OIG has been pressuring HRSA to come up with a definition for length of stay
4. The providers are working very hard to move people through the system, despite the OIG report that gives a different impression

Jonathan Vernick expressed that he appreciates the value of Mr. Phillips' proposal and that the appeal is the flexibility. He stated that as a recipient of one of the OIG audits that it would be useful to have some definition for length of stay, without too much specificity and some flexibility. He stated that he appreciates the suggestions that Mr. Phillips is coming up with.

CM Banks asked if Mr. Phillips could craft his proposal for an extension. As the decision is being made too fast without client input, and also the EMA has three different counties. He asked why San Francisco is being "picked out" to come up with this definition. He suggested that without the help of some of the programs represented here today he would probably be locked up again or not as healthy. He asked again if more time could be allowed before making a decision.

Mr. Phillips mentioned that he has always had the client foremost in his mind. Even if the time limit is four years, he has been concerned what will happen to those people when the clock runs out. He also indicated that it is not only San Francisco, but also nation-wide implications. Therefore, his decision to make it as flexible as possible. He is unsure why San Francisco was chosen to work on housing. He also indicated that San Francisco is not the highest on the list as far as Title I funded housing expenditures. The goal is not to put people out on the street, and will remain flexible with regard to that. Will look at other funding, other strategies, and other means to keep people in housing.

CM Banks emphasized that the outlying counties have different housing needs than San Francisco and it seems unfair to impose a number on other counties. He suggested that Mr. Phillips craft into his policy something to reflect this. He suggested that Mr. Phillips visit the other counties and understand that this is not a single-county EMA.

Tyrone of TARC mentioned the impact on continued budget cuts on his programs.

Brian Basinger of AIDS Housing Alliance discussed housing subsidies lost in HOPWA and the attrition of subsidies. Instead of an environment where housing is viewed as an entitlement to encourage people to see it as a short-term arrangement.

Mr. Phillips responded by saying that HRSA looks at housing as short term and a bridge to care. He believes that will continue. The amount of dollars spent on housing in each EMA is left up to the respective Planning Councils. Ryan White funds for housing will continue in this EMA.

Pam at SFRA, discussed the shallow and deep subsidy attrition is due to their allocation from HUD decreasing.

The group echoed and agreed that everyone has received cuts, as well as the demand is going up.

Jonathan Vernick mentioned that the housing situation is worse than ever, and discussed unprecedented diminishment of Section 8 housing and reduced funding. He suggested that these are all good arguments for having some flexibility around length of stay. Every organization has less money than before.

CM Antonetty discussed how the AIDS Office hears about the budget and passes this on to the agencies can cause a delay of more than a month into the new fiscal year. She discussed the impact of ongoing budget cuts.

Mr. Robertson discussed whether anyone looked at people leaving a program because of cuts in funds. Several in the group agreed that it had been done on a program or agency level but not on a city-wide level.

Mr. Vernick mentioned that even with flat funding they have managed to survive, and discussed other funding streams. He suggested that it is bad business to get involved in providing service based on the flat-funding and reduced funding with the AIDS Office is a formula for going out of business.

Mr. Phillips mentioned that he will take some of the data presented today and incorporate this into his report.

8. Break for early dinner

9. CARE Housing Work Group Meeting

Group will discuss the provider presentations and other issues for developing a length of stay policy

CM Antonetty reviewed the process with HRSA requesting that the SF Planning Council request technical assistance with regard to developing a length of stay policy. She mentioned that the consultant, Mr. Phillips, has helped relieve some of the anxiety around implementation and timelines.

Mr. Phillips mentioned that another piece of the puzzle is the following. In 2001-2002 the Planning Council allocation for housing was \$6.3 million, which is the number two ranked EMA using Title I dollars for housing or housing-related services. Actually, \$6.3 million is not for housing, but rather much of that is for case management and other supportive services around housing. Had HRSA known that it would have changed the response to the OIG report. One of the messages that HRSA and the Planning Council needs to hear, is that when planning allocations, it is ok to think about housing in a residential setting, but needs to be reported within a service category. He described how this gets rolled up to Congress and everyone thinks that the full amount was spent on housing when in reality that has not been done. He mentioned that San Francisco may drop down on the list with this new calculation. He indicated that this caused many in Washington to breathe a sigh of relief. Once this word gets out about San Francisco everyone will feel better about this. He also explained how case management is the service that everyone loves to hate. If the Council is providing case management in a housing residential setting, then it is easier to get it funded. He suggested keeping this issue forefront when prioritizing and needs assessment data to get across to the Council. He offered various suggestions for looking at how to report this allocation to HRSA.

CM Antonetty discussed how with some programs the housing is actually not paid for, but it is case management at the housing program, and that the real housing allocation is about \$3 million. She discussed the need to change some of the subcategories.

CM Calandrillo asked if categories were changed would it go to HUD and move from the AIDS Office.

CM Antonetty explained that there is no concern.

Jack Newby asked about the EMA-wide Needs Assessment and discussed the completion of the survey instrument. He asked if there should be some focus groups around housing and case management

Mr Phillips mentioned that in the short run it is probably okay. If the change is considered before June 1st, when the deadline when the EMA must fund for the 2005 Allocations Table. Pull it apart and put it into the service categories to show what is truly being spent on housing. Regarding the Needs Assessment, he stated that it is okay for now. But in three years when there is likely to be a different group of people around the table, he implied that there may be problems when people forget why this was pulled apart, with regard to the case management for housing services to help people get access to care.

CM Hume suggested that Mr. Phillips meet with Michelle Long Dixon of the AIDS Office. They discussed the short amount of time between now and June 1.

CM Thomas asked if this could be done in this time period. The budget is coming to the Council's May meeting for approval. She suggested that the Housing Work Group request the AIDS Office to look at service categories and re-categorize them and bring a budget to the Council Meeting showing the difference. She also suggested that the Work Group recommend that the Planning Council approve this change in case

management. The other piece for the Planning Council is to remember what is in the service categories and to understand that if cutting case management and other programs may have implications beyond that category if they are actually linked to a housing program.

CM Hume asked whether this means asking the AIDS Office to do this work.

CM Thomas, yes it will have to come to Steering to get on the agenda. But Council will have to vote on it. In interest of expediency, she recommended that the Working Group ask the AIDS Office do this analysis.

Sharilyn expressed concern that the CARE Council be sure of keeping clear about the changes so certain category cuts do not result in the end of housing programs.

Mr. Phillips suggested the Working Group do whatever necessary to ensure that information does not get lost with regard to the changes in case management and housing. Leave things alone, but when doing the report to HRSA take the steps to put it back into the appropriate service categories.

CM Thomas explained how that is problematic due to the service categories that do not line up with HRSA's service categories. She indicated that the more they can be consistent the better off they are. If things are sent to HRSA that don't match what went to the Planning Council it can be problematic.

CM Antonetty reviewed the Guidelines for Length of Stay document that was distributed to all present (and on file at Council Support Offices). Group discussed, with special emphasis on the issue with regard to applying the policy to each housing program separately in order for clients to maintain access and compliance with medical care.

Mr. Phillips asked about the 12 month extension. Group discussed. He mentioned that the exceptions and extenuating circumstances need to be documented, but he had not gotten to the extension piece and will think about it.

CM Thomas discussed the need for the flexibility of extensions to ensure that people are not getting evicted from their housing at an inconvenient medical time.

CM Calandrillo mentioned that the group is thinking about client needs from a program perspective, and in the future it will be looked at from different angles. He discussed the need for a grievance procedure.

CM Antonetty reviewed the availability of the HIV Advocate and that any grievance could be handled there, if it was not resolved in-house with the particular agency grievance procedure.

Mr. Phillips mentioned that it is necessary for consumers to work together with providers to maintain their housing (and consequently their health care).

CM Antonetty mentioned that this is an implementation issue for the Council and for the agencies, and it will be decided after the change in policy they need to be willing to look at how to handle the grievance.

CM Hume mentioned that a common theme with regard to grievances is comparing what happens to an individual to what happens to their friends at a different agency. He discussed that it is somewhat subjective in deciding who needs to stay in a program, and there is a need for clear objective policies and documentation around making the decisions for whether someone stays in a program or not.

Group discussed some of these issues with deciding whether it will be individual or a standard form will be approached in future working group meetings.

CM Thomas returned to the HRSA process and Harold's work. She asked about the process of developing the policy and the timeline. Will HRSA develop a policy for all Title I providers or something specific for San Francisco.

Mr. Phillips explained that after HRSA gets over their shock they will likely generalize their definition for length of stay and apply this to all EMAs. They must come up with a definition, but how they take what San Francisco plans to do and direct other EMAs that this is what they have to do will be very interesting.

CM Thomas asked what San Francisco could do to help move the process forward. She likes Mr. Phillips' approach which addresses the concerns and she is vested in HRSA agreeing with Mr. Phillips' recommendation. What can be offered in the way of data or anything else?

HRSA will get the report and recommendation, followed by a conversation with the grantee's office. If they hear support for it, then the Title I office will find it difficult to have another answer. Mr. Phillips indicated that his report will indicate that it is a very good policy, and that the variable approach with agencies is the best approach, recognizing the realities, meets HRSA's needs, gives OIG something realistic to audit, and keeps clients where they are.

CM Calandrillo mentioned that if does have to come up with a number, is there a number that is totally unacceptable?

Mr. Phillips stated that is one aspect that has not been worked out yet. He suggested dialogue to determine how this number would be arrived at.

CM Antonetty mentioned that after the OIG report and the response to the report, she expressed appreciation to the providers for supplying the important data, and suggested developing a tool for looking at the average length of stay.

CM Hume questioned the part of the comments that implied the policy will keep people where they are. CM Hume suggested that many people now do not have a place to stay where they are, and it is important to think about moving people up to more stable housing.

Mr. Phillips clarified that he does not want to see people put out on the streets due to some arbitrary number, and wants people to move through a continuum of services, including a continuum of housing and doesn't want people stuck in emergency or transitional housing. Housing is a finite resource, especially in San Francisco.

Brian B. asked whether changes will need to be made to the AIDS Housing wait list.

CM Antonetty explained that the specific resource, whether a subsidy or whatever, will have a maximum length. If no extenuating circumstances, should be working to find another way to provide housing and eventually the subsidy would not belong to the client any longer.

Brian characterized subsidized housing and is and indicated that self-sufficiency is the actual goal, with subsidized housing as a stepping stone. If a client moves from a rehab program, it would be more appropriate for them to transition into a deeper subsidy, to a shallow subsidy, to self-sufficiency. With this model, would changes in the AIDS Housing wait list help to facilitate this process.

CM Antonetty indicated that this deals with nitty-gritty local implementation issues that will be dealt with soon enough, and for Brian to keep those issues in mind.

Sharilyn emphasized being aware of the changes in staffing required for transitioning people on to the program. This all requires support staff and explained that this has policy level implications although it is an implementation piece.

Mr. Phillips mentioned that the biggest paradigm change is around the rental subsidy programs. The type of staffing for those programs will have to change, because the staffing component is to move people off or

through the subsidy program. Housing placement aspect of service may have been previously missing, and will play a role in compliance and performance.

Matt indicated that the goal is for people to become self-sufficient. He suggested that this may happen for some people, but the reality is that it is rare and does not or will not happen for everyone.

CM Thomas commented on the reliance of case managers and social workers to help people with those programs. She indicated that as it works now clients rely on a case manager. Now the housing subsidy provider is not providing the housing services beyond a certain level, and is not expected to make that a part of their service provision that they are moving people on to other funding streams. Doesn't want the service provider accountable for a service they are not providing. She suggested some way to make sure communication is happening so one agency is not held accountable for a service that another agency is providing.

Dana clarified the next step for Mr. Phillip and asked if it will return to the Planning Council or if it is approved by the AIDS Office. Mr. Phillips explained that when he returns to the Planning Council he will have the recommendation. One concern is how this is going to be rolled out to the rest of the country. If it is decided to do this to San Francisco, then he will point out in the report that it needs to be fair to everyone, which will result in a few months of delays while they figure this out. Once it starts it will still involve negotiations with HRSA and the AIDS Office. None of this applies to this fiscal year.

With regard to rolling out the new policy and implementing locally, whether this would be done in phases at each agency with regard to new clients and existing clients. Mr. Phillips reviewed with Michelle Long Dixon his recommendation with regard to changing the service categories.

CM Hume informed Michelle that the Council would like to request the AIDS Office to ensure that the allocation table sent to HRSA on June 1 reflects these changes.

Mr. Phillips mentioned that services such as case management and substance abuse in a residential setting need to be moved back to the appropriate categories.

Dana suggested moving it to a "Housing Support" category.

For HRSA purposes it would still be housing and needs to be moved out.

Michelle indicated that she would take it back to fiscal and CM Hume asked if it is doable or not by the June 1 deadline. Michelle indicated that she would get back to Jack Newby of Council Support.

CM Thomas added that in terms of what the Council puts together in the Council Meeting to go to HRSA for June 1, move what is easier to move now, and for more complicated programs they be left in housing with the goal of moving them by next year. A good faith effort to move as much as possible now, and that for the prioritization and allocation process later this year, the remainder could be worked on.

Group thanked Mr. Phillips and CM Hume and CM Antonetty.

10. Next Meeting Date & Agenda Items

Group will discuss items for the agenda at the next meeting scheduled for May 26.

The next meeting is May 26. A room has not been decided. 4:30-6:30

11. Meeting Adjourned

San Francisco
HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday May 26, 2005
101 Grove Street Room #302
4:30-6:30 p.m.

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(PLEASE NOTE: MEETING LOCATION and TIME)

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	4:30
2. Review/Approve Agenda	Group	4:32
3. Review and Approval of Minutes-May 11, 2005	Group	4:34
4. Announcements	Group	4:36
5. Public Comment	Public	4:40
6. Review and Discussion of Consultant Visit	Group	4:45
Group will review and discuss recent visit by HRSA Consultant, Harold Phillips.		
7. Discussion of Proposal for Service Category Reassignment/Reallocation Group		5:30
Group will discuss issues with regard to proposal for service category reassignment and reallocation to more accurately reflect housing costs, and develop a recommendation to present to Steering Committee.		
8. Review Frequency of Work Group Meetings	Group	6:15
Group will review frequency of meetings and make changes as needed.		
9. Next Meeting Date & Agenda Items	Group	6:25
Group will discuss items for the agenda at the next meeting scheduled for June 9.		
10. Meeting Adjourned		6:30

HIV Health Services Planning Council
730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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HIV Health Services Planning Council Housing Work Group Draft MINUTES

Thursday May 26, 2005
101 Grove Street Room #302
4:30-6:30 p.m.

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(PLEASE NOTE: MEETING LOCATION and TIME)

Committee Members Present: Margot Antonetty (co-chair):

Others Present: Raymond Banks, Ivan E. Pratt, Laura Thomas, Dana VanGorder, Pam Sims, Elizabeth Colomello, Brian Basinger, Chris Callandrillo, Sherilyn Adams.

Council Support Present: Jack Newby, Skot Jonz, Hyla Breidenbaugh, Joe Lynn

1. Introductions

CM Antonetty called the meeting to order and everyone present introduced themselves.

2. Review/Approve Agenda

Group reviewed the agenda. CM Thomas moved to approve the agenda. CM Banks seconded. There were no changes recommended and the agenda was approved by consensus.

3. Review and Approval of Minutes-May 11, 2005

The group reviewed the minutes from the May 11, 2005 Housing Work Group meeting. CM Thomas moved to approve the minutes. CM Banks seconded. There were no changes and the minutes were approved by consensus.

4. Announcements

Jack announced that one of the focus groups with the needs assessment working group is for the homeless population. This needs to be defined and will help inform this group as well as the needs assessment.

CM Thomas followed up that this working group could add questions to the homeless focus group and mentioned that no date has been set.

CM Antonetty mentioned that she could also help in putting a group together.

5. Public Comment

There were no public comments.

6. Review and Discussion of Consultant Visit

Group will review and discuss recent visit by HRSA Consultant, Harold Phillips.

Margot mentioned that the minutes from the previous meeting on May 11 were very thorough and covered most of what took place.

Group discussed conversations with Lorenzo Taylor (Project Manager for SF EMA) following up on the consultant visit.

CM Antonetty mentioned that Harold Phillips called and wanted to know about the status of the proposal regarding the housing case management budget item. She reviewed how Mr. Phillips was working on his proposal and gathering information.

Jack reviewed comments made at the last Steering Committee meeting. Group agreed that the proposal was withdrawn, and Michelle and Brenda of the AIDS Office received the proposal. After they have an opportunity to respond, then it can go back to Steering.

CM Thomas discussed that it should go to Steering soon and get on the Planning Council meeting.

Jack stated that it was necessary to alleviate concern from the AIDS Office about receiving directives

from a subcommittee rather than the Planning Council.

Dana asked when the group would hear back from Mr. Phillips.

CM Antonetty stated that he would give his proposal to HRSA, and once they can come up with a compromise it will be sent back to San Francisco Planning Council to review.

Jack stated that it will be a presentation to the Council from HRSA and will not require a vote.

7. Discussion of Proposal for Service Category Reassignment/Reallocation

Group will discuss issues with regard to proposal for service category reassignment and reallocation to more accurately reflect housing costs, and develop a recommendation to present to Steering Committee.

CM Antonetty provided a draft Subcategory Reassignment Proposal (Copy of file at Council Support Offices). Group members reviewed. CM Antonetty discussed thoughts about dividing the subsidy programs to pull out direct services and operating expenses. If support services ends up getting cut, what good is it to have money in operating if there is not money in services to support it? She mentioned this is merely for semantic reasons, and suggested that this matter needs more thought. Group discussed that operating expenses include fiscal management, support services, intakes, staffing, and other services needed to conduct programs. CM Antonetty discussed that this might amount to another \$2 million. CM Banks asked about how the reduction of \$1 million would affect the subcategories.

CM Antonetty reviewed the attached table and discussed that the programs would stay the same and provide the same services, but that the case management comes out of the housing subsidy budget item, which makes it look like SF EMA spends more money for housing than is actually spent.

CM Thomas reiterated how the reassignment and renaming of the budget items actually changes no services and hopefully creates a situation where HRSA is not so concerned.

Brian Basinger commented about rationalizing the process.

Sherilyn discussed how this could affect the prioritization process, when the housing costs are protected and the staffing costs are not protected, which in turn could compromise the housing programs. She emphasized the need to ensure that people are sure of what is being prioritized and understanding how they are connected.

Sherilyn asked whether it was really important to reduce this number.

CM Thomas mentioned that Harold is aware of the situation, with the CARE Act up for reauthorization, and there is a lot of action to make the CARE Act specifically about direct health care, and services such as housing should not be included. HRSA has been directed to determine why so much money is going into these other services. Whatever the Council can do to make these figures look smaller, the less attention it draws.

Group discussed the need to clarify this so that in the future it is understood that case management for housing and support services is in this category and protected, and the Council needs to make a conscious effort to do so. By inadvertently cutting that category for other reasons, it could potentially cause problems for housing programs.

Group discussed moving the proposal forward and to look at the programs listed on the document; over the coming six to nine months, do some review and analysis, provide a recommendation to Steering at that point. CM Thomas mentioned that it would be a good idea to move this proposal now.

Brian Basinger commented about the Mayor's Housing and Homeless budget, and asked whether if resources could be leveraged from another source, such as Care Not Cash to cover these programs of support services in the interim, so money could be used for housing.

CM Antonetty stated that regarding the Mayor's budget it has already been decided where the money is going, which is not specifically targeting HIV-positive populations.

Group discussed that there are too many competing interests for these dollars and it is unlikely that HIV-positive people would be prioritized over other people.

Group discussed other programs and funding sources and challenges around using CARE dollars for housing needs.

CM Thomas suggested removing the final sentence in the footnote, or indicate that grantee staff will do an assessment and return to the Council with a recommendation.

It was suggested to add another paragraph in the proposal, indicating the reason for putting this in a separate subcategory is that certain housing programs rely on these supportive services.

The intent to put it in this subcategory is for the Council to protect them. Also make the point that no services will actually change, just the allocation.

Group discussed what to call this subcategory and agreed that it really didn't matter much as it will be rolled up into the major HRSA category, as long as it is not in the housing category. "Case Management in Housing Programs" or "Case Management in Residential Programs" was suggested. If this is ever expanded a different name could be decided on at a later date.

This will be taken back to Steering Committee after consulting with the AIDS Office.

8. Review Frequency of Work Group Meetings

Group will review frequency of meetings and make changes as needed.

CM Antonetty thanked everyone for the twice a month meetings and indicated that there has been a lot of work done in preparation for the consultant visit. She commented that there is no longer the urgency as before. Nobody was against the proposal of once a month meetings. Jack indicated that it was important to have a meeting before the next Council Meeting when Harold would be presenting his proposal. Group agreed to cancel the meeting scheduled for June 9, and keep the meeting scheduled for the 23rd of June.

9. Next Meeting Date & Agenda Items

Group will discuss items for the agenda at the next meeting scheduled for June 9.

As discussed in the previous agenda item, the group will meet next on June 23. Potential agenda items include:

Harold Phillips' report

Report back on what the Steering Committee decided on the Proposal (to submit to Full Council)

Recommendation from Work Group to keep Allocation the same for subcategory of case management and the reasons, so Planning can take to Prioritization.

Group agreed that this group can make a recommendation directly to Planning without having to go through Steering first.

10. Meeting Adjourned

CM Antonetty adjourned the meeting at 5:53 pm

= HIV Health Services Planning Council
 = Housing Work Group Draft Agenda
 = Thursday June 23, 2005
 101 Grove Street Room #302
 4:30-6:30 p.m.

JUN 21 2005

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05 JUN 15 03 17 PM 2005

(PLEASE NOTE: MEETING LOCATION and TIME)

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	4:30
2. Review/Approve Agenda	Group	4:32
3. Review and Approval of Minutes- May 26, 2005	Group	4:34
4. Announcements	Group	4:36
5. Public Comment	Public	4:40
6. Discussion of Consultant Report <i>Group will discuss the report by HRSA Consultant, Harold Phillips at the June Planning Council Meeting.</i>	Group	4:45
7. Steering Committee Decision on Service Category Issue <i>Group will discuss the response of Steering Committee regarding the proposal for service category reassignment and reallocation to more accurately reflect housing costs. Regarding allocation, Group will discuss making a recommendation directly to Planning Committee without going through Steering.</i>	Group	5:30
8. Implementation Discussion <i>Group will begin discussion of implementing a Length of Stay Policy based on Harold Phillips' report.</i>	Group	5:45
9. Next Meeting Date & Agenda Items <i>Group will discuss items for the agenda at the next meeting scheduled for July 28, 2005 at 25 Van Ness Suite 710.</i>	Group	6:25
10. Meeting Adjourned		6:30

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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HIV Health Services Planning Council
 Housing Work Group Draft Agenda
 Thursday June 23, 2005
 101 Grove Street Room #302
 4:30-6:30 p.m.

JUN 21 2005

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(PLEASE NOTE: MEETING LOCATION and TIME)

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	4:30
2. Review/Approve Agenda	Group	4:32
3. Review and Approval of Minutes- May 26, 2005	Group	4:34
4. Announcements	Group	4:36
5. Public Comment	Public	4:40
6. Discussion of Meeting with HRSA Consultant	Group	4:45
<i>Group will discuss the meeting with HRSA Consultant, Harold Phillips. If available, Group will review and discuss his proposal to be presented at the upcoming Planning Council Meeting.</i>		
7. Steering Committee Decision on Service Category Issue	Group	5:30
<i>Group will discuss the response of Steering Committee regarding the proposal for service category reassignment and reallocation to more accurately reflect housing costs. Regarding allocation, Group will discuss making a recommendation directly to Planning Committee without going through Steering.</i>		
8. Review and Discussion of Consultant Visit	Group	5:45
<i>Group will review consultant visit, and decide how to develop a framework for implementing a Length of Stay Policy based on Harold Phillips' report.</i>		
9. Next Meeting Date & Agenda Items	Group	6:25
<i>Group will discuss items for the agenda at the next meeting scheduled for July 28, 2005 at 25 Van Ness Suite 710.</i>		
10. Meeting Adjourned		6:30

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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SF Docs

From: Skot Jonz [sjonz@SHANTI.ORG] **Sent:** Wed 6/22/2005 3:16 PM
To: SF Docs; SF_HIV_Health_Services_Planning_Council@yahoogroups.com
Cc:
Subject: Cancellation of Meeting - HIV Health Services Planning Council -- HOUSING WORKING GROUP June 23, 2005

Attachments:

Please note that the regularly scheduled meeting for Thursday June 23, 2005 **HAS BEEN CANCELLED.**

If you have any questions, please contact me or refer to the Planning Council website at www.sfcarecouncil.org for the latest information.

Thanks,

Skot

Shanti - 30 Years of caring and supporting people with life-threatening illnesses.

Skot Jonz, Administrative Assistant

HIV Health Services Planning Council

730 Polk Street, 3rd Floor

San Francisco, CA 94109

Phone: (415) 674-4751 Fax: (415) 674-0371

Email: sjonz@shanti.org

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JUN 22 2005

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= HIV Health Services Planning Council
 = Housing Work Group Draft Agenda
 Thursday August 25, 2005
 25 Van Ness, Room 330A
 5:00-7:00 p.m.

AUG 18 2005

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(PLEASE NOTE: MEETING LOCATION and TIME)

<u>Item</u>	<u>Presenter</u>	<u>Time</u>
1. Introductions	Group	5:00
2. Review/Approve Agenda	Group	5:02
3. Review and Approval of Minutes- May 26, 2005	Group	5:04
4. Announcements	Group	5:06
5. Public Comment	Public	5:10
6. Steering Committee Decision on Service Category Issue	Group	5:15
<i>Group will discuss the response of Steering Committee regarding the proposal for service category reassignment and reallocation to more accurately reflect housing costs and will discuss a new request which will be brought to prioritization and allocation.</i>		
7. Conference Call with HRSA Consultant	Group	5:30
<i>Group will have a conference call with HRSA Consultant, Harold Phillips and discuss the final report.</i>		
8. Review and Discussion of Council Presentation	Group	6:45
<i>The group will discuss how the consultant's report will be presented to the full Council.</i>		
9. Next Meeting Date & Agenda Items	Group	6:55
10. Meeting Adjourned		7:00

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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 This message was sent with High importance

From: Leah Crask [lcrask@SHANTI.ORG]

Sent: Tue 8/23/2005 10:38 AM

To: SF_HIV_Health_Services_Planning_Council@yahooogroups.com; SF Docs

Cc:

Subject: Housing Work Group Mtg CANCELLED

Attachments:

The meeting of the Housing Working Group scheduled for August 25, 2005 from 4:30 to 6:30 PM has been **cancelled**. We had been requested to schedule this meeting prior to the first of September in order to meet a deadline from the consulting group. We have learned that the consultant is ill and in the hospital and therefore, unable to make the presentation. We will send notices when this meeting and presentation will be re-scheduled for the consultant's presentation.

Thanks,

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AUG 23 2005

Jack Newby, Director

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San Francisco HIV Health Services Planning Council

730 Polk Street, 3rd Floor

San Francisco, CA 94109

Phone: 415-674-4777

FAX: 415-674-0371

Shanti - 30 Years of caring and supporting people with life-threatening illnesses.

Leah Crask

Administrative Coordinator

HIV Health Services Planning Council

730 Polk Street, 3rd Floor

San Francisco, CA 94109

Phone: (415) 674-4768 Fax: (415) 674-0371

Email: lcrask@shanti.org

SF Docs



This message was sent with High importance

From: Leah Crask [lcrask@SHANTI.ORG] **Sent:** Thu 9/15/2005 12:15 PM
To: SF_HIV_Health_Services_Planning_Council@yahoogroups.com; SF Docs
Cc:
Subject: Housing Work Group meeting -CANCELLED
Attachments:

The Housing Working Group meeting scheduled for Thursday, September 22, 2005 has been cancelled until further notice.

Shanti - 30 Years of caring and supporting people with life-threatening illnesses.

Leah Crask

Administrative Coordinator

HIV Health Services Planning Council

730 Polk Street, 3rd Floor

San Francisco, CA 94109

Phone: (415) 674-4768 Fax: (415) 674-0371

Email: lcrask@shanti.org

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SEP 15 2005

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HIV Health Services Planning Council
 Housing Work Group Draft Agenda
 Friday, January 20, 2006
 101 Grove Street, Room 302
 9:30 – 11:00am

JAN 19 2006

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(PLEASE NOTE: MEETING LOCATION and TIME)

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- | | | |
|--|------------------|-------|
| 1. Introductions | Group | 9:30 |
| 2. Review/Approve Agenda | Group | 9:32 |
| 3. Announcements | Group | 9:37 |
| 4. Public Comment | Public | 9:40 |
| 5. Presentation of Findings to Work Group | Margot Antonetty | 9:45 |
| <i>Group will discuss the presentation of findings of HRSA Consultant, Harold Phillips.</i> | | |
| 6. Discussion of Response to the Policy | Group | 10:15 |
| <i>Group will discuss the response to the findings and recommended actions.</i> | | |
| 7. Presentation of Consultant Finding and HRSA Modifications by Consultant Group | | 10:30 |
| <i>Group will discuss the implications of implementation of this policy.</i> | | |
| 8. Implications of Implementation of Policy and Presentation to HIV Health Serviced Planning Council | Group | 10:15 |
| 9. Possible Next Meeting Date & Agenda Items | Group | 10:55 |
| 10. Meeting Adjourned | | 11:00 |

HIV Health Services Planning Council
 730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
 25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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HIV Health Services Planning Council Office, 730 Polk Street, 3rd Floor, San Francisco, CA 94109.

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= HIV Health Services Planning Council
 = Housing Workgroup Draft MINUTES
 Friday, January 20, 2006
 101 Grove Street, Room 302
 9:30 – 11:00am

MAR 13 2006

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Working Group Members Present: Margot Antonetty (co-chair); George Simmons; Sherilyn Adam (Larkin Street Youth Services); Molly Stafford (AIDS Legal Referral Panel); Lori Cook (Housing & Urban Health); Elizabeth Colomello (SFRA); Michelle Long (SFDPH); Laura Thomas (Continuum); Brian Basinger (AIDS Housing Alliance)

Council Support Present: Jack Newby, Susan Latham, Skot Jonz

1. Introductions

Co-Chair Antonetty called the meeting to order at 9:35 a.m. and those present introduced themselves.

2. Review/Approve Agenda

The working group reviewed the draft agenda and without objections it was approved by consensus.

3. Announcements

The following announcements were made:

- Brian Basinger announced the second anniversary of AIDS Housing Alliance and a celebration on January 28 at Café Flore. He also announced other progress and successes of AHA.
- Margot introduced Lori Cook, the new Health Program Planner at HUH.

4. Public Comment

No public comment.

5. Presentation of Findings to Work Group

Co-Chair Antonetty reminded the working group of HRSA Consultant, Harold Phillips, and the research conducted during his visit in May of 2005. She explained that due to his unexpected illness, the process was delayed. Since Mr. Phillips was unable to attend, co-chair Antonetty showed a power point presentation of Mr. Phillips' report to HRSA (On file at Council Support Offices). She provided background information on the length of stay issue and acknowledged the amount of work put into this report.

6. Discussion of Response to the Policy

Comments on the presentation included:

- Sherilyn Adams from Larkin Street Youth Services indicated that the reported number of 2,000 homeless youth living in San Francisco is closer to 4,000.
- The presentation figures for residents per square mile in San Francisco and New York City were transposed, and should reflect the numbers in the actual report (SF-26,400 residents per square mile; NYC 16,600 residents per square mile).
- Group discussed time limits and the need to locate other funding streams for housing needs.
- Group discussed possible next steps, including: HRSA's response to Mr. Phillips' recommendations, whether the SFEMA can give an official response; conference call with HRSA regarding implementation, appeals process, time-line and contract modifications.
- Group discussed the official position of the AIDS Office, and the strength of its position in negotiations with HRSA.
- Group discussed the importance of the AIDS Office maintaining a healthy working relationship with HRSA, even while consumers, providers, and the Council are voicing complaints.
- Group discussed the need for an analysis regarding the impact of implementation.
- Regarding a statement in the presentation about the number of rental units converted to condominiums, Brian Basinger indicated that to achieve this, many senior citizens and disabled persons were evicted.

- Regarding the discussion on impact of implementation, it was agreed that clients would need to be notified regarding the time-based programs. Group discussed that when people lose their subsidy they lose their housing, and when they many lose their housing they often drop out of care, and this affects access to care and health status.
- Regarding a response to HRSA, comments included: requesting one year from HRSA to determine the impact, a flat out no, a prolonged appeals/comment period.
- CM Thomas suggested moving on several fronts simultaneously because the Planning Council, AIDS Office, or HRSA are not in the business of making people homeless. She mentioned the sensitive nature of attempting to negotiate this before knowing the results of CARE Act reauthorization. She also mentioned possible political action (contacting Sen. Feinstein, Pelosi, and the Mayor's Office). She suggested minimizing current length of stays (i.e., work with those clients who have been in deep subsidy and/or CARE funded housing the longest to move them to other funding streams, such as HOPWA.)
- Group agreed with CM Thomas' suggestions.
- Group agreed that the focus of this meeting was to come up with a strategy to approach HRSA, and how political to make this issue.
- Group discussed what would happen if making a decision on length of stay is a condition of award.
- Discuss with other EMA's their Length of Stays policy, how they implement it, how they decide on a cap (if any), extensions (if any), etc.
- Brian Basinger suggested a transition process rather than from deep subsidy to nothing at all.
- Co-Chair Antonetty summarized the comments of the working group –
 - Department and political response
 - Appeals process
 - Analysis of consequences/impact
 - Implementation period and timeline
 - Grandfather clause – if no grandfather clause, the entire recommendation is unacceptable
 - Whether OIG will monitor implementation of policy
 - Replace CARE dollars with other funds whenever possible
 - Gradual transition process to stable housing
- **The Housing Workgroup will present their recommendations to the Full Council meeting for the Working Group to continue convening to develop a policy that is acceptable for the EMA. The recommendation to the Full Council will include:**
 - Continue the ad hoc committee known as the Housing Workgroup; including participation of at least one Council co-chair at each meeting
 - Continue to work with HRSA, appeal recommendations, and continue negotiations
 - Work with AIDS Office and HUH regarding implementation and analysis of impact
- George Simmons suggested that the client satisfaction survey used by some agencies could be utilized to include questions regarding how the housing subsidy (and its potential loss) could affect the client's health
- Group discussed that it needs to be clear that HRSA should not be developing a policy specifically for the San Francisco EMA, and that a "national rollout" needs to be considered equally in all EMAS.
- Michelle Long mentioned that this year's mini needs assessment could also be used to ask similar questions
- Group discussed how funds have moved from housing placement services, and many case managers take the role of being a housing specialist. Brian Basinger commented that is why he started AIDS Housing Alliance because the current system is not working and other agency case managers usually refer clients with housing needs to AHA.
- Group agreed that future discussion topics need to include what keeps people in housing, youth concerns, and other issues. Whether there are HRSA resources available to deal with implementation, including the availability of a consultant to conduct an impact study.
- Group needs to identify persons (or agency representatives) that should be invited to participate in the Working Group on a regular basis.

- Group agreed it is important to coordinate and define rolls and create a clear strategy.

7. Presentation of Consultant Finding and HRSA Modifications by Consultant

Group will discuss the implications of implementation of this policy.

This agenda item included in the discussion above.

8. Implications of Implementation of Policy and Presentation to HIV Health Services Planning Council

This agenda item included in the discussion above.

9. Possible Next Meeting Date & Agenda Items

The next meeting date will be scheduled after a decision from Full Council whether to continue convening the Housing Work Group. Those interested in participating will notify Council Support to be placed on the distribution list.

10. Meeting Adjourned

Co-Chair Antonetty adjourned the meeting at 11:00 a.m.

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San Francisco
HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, March 16th, 2006
25 Van Ness Avenue, Room 330B
9:30 – 11:00am

(PLEASE NOTE: MEETING LOCATION and TIME)

- | | |
|--|--|
| 1. Introductions | Group 9:30 |
| 2. Review/Approve Agenda | Group 9:32 |
| 3. Review/Approve the <i>January 20th, 2006</i> Minutes | Group 9:35 |
| 4. Announcements | Group 9:38 |
| 5. Election of Co-Chair - VOTE | Group 9:40 |
| 6. Public Comment | Public 9:50 |
| 7. Report Back from Conversation with HRSA (Health Resources and Service Administration) | 9:45
Margot Antonetty, Chair
Michelle Long, SFDPH |
| 8. Recommendation and Discussion of Response Options to the Policy | 10:15
Margot Antonetty, Chair
Michelle Long, SFDPH |
| <i>The Work Group will discuss the response to the findings and recommended actions.</i> | |
| 9. Possible Next Meeting Date & Agenda Items | Group 10:55 |
| 10. Meeting Adjournment | 11:00 |

HIV Health Services Planning Council
730 Polk Street San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
25 Van Ness Avenue, 5th floor, San Francisco, CA 94102

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**HIV Health Services Planning Council
Housing Workgroup Draft MINUTES**

APR 18 2006

**Thursday, March 16th, 2006
25 Van Ness Avenue, Room 330B
9:30 – 11:00am**SAN FRANCISCO
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Working Group Members Present: Margot Antonetty (co-chair); George Simmons (Planning Council Member); Sherilyn Adams (Larkin Street Youth Services); Lori Cook (Housing & Urban Health); Elizabeth Colomello (SF Redevelopment Agency); Michelle Long (SF Department of Public Health, HIV Health Services); Laura Thomas (Continuum); Brian Basinger (AIDS Housing Alliance); Courtney Pearson (SF AIDS Foundation); Robert Oropeza (Planning Council Member); Pam Sims (SF Redevelopment Agency); Dana van Gorder (SF AIDS Foundation); Richard Bargetto (Advocacy Project); Ken Pearce (Community Advocate); Charles Siron (Planning Council Member)

Council Support Present: Jack Newby, Susan Latham

1. Introductions

Co-Chair Antonetty called the meeting to order at 9:34am and those present introduced themselves.

2. Review/Approve Agenda

The working group reviewed the draft agenda and without objections it was approved by consensus.

3. Review/Approve the January 20, 2006 Minutes

*Mr. Simmons moved to accept the minutes as written; seconded by Ms. Thomas.
The motion was approved unanimously.*

4. Announcements

The following announcements were made:

- Brian Basinger announced
 - 5th disabled person is on contract to buy a home; two African Americans and one Latino
 - Section 8: invitations have been closed: Ms. Antonetty noted that a flyer will be sent out explaining why Section 8 has been closed.
 - Evictions:
 - People getting on lists
 - Threat to client's CARE subsidies: Ms. Antonetty noted that losing CARE subsidy is not something that is lost tomorrow; that development of a policy is being worked on
 - Mr. Simmons congratulated HUH (Housing and Urban Health) and San Francisco Redevelopment Agency on opening The Plaza at 6th Street and Howard.

5. Election of Co-Chair – VOTE

Mr. Simmons nominated Sherilyn Adams, Larkin Street Youth Services; the election was approved by consensus.

6. Public Comment

There was no public comment.

7. Report Back from Conversation with HRSA (Health Resources and Service Administration)

Ms. Long reported on the HRSA conference call.

- Time limit with an "actual number"

HIV Health Services Planning Council Housing Workgroup Draft MINUTES

- No formal appeals process
- HRSA releasing draft policy in 2006
- 30 days for comments after the draft is released > then, rewrite draft > 30 days for comments, again
- Recommend EMA (Eligible Metropolitan Area) request TA (technical assistance) for implementation
 - There was no commitment for a Grandfather Clause
- The City would respond to HRSA policy
- There are not a lot of "ifs", but "whens"

COMMENTS

- Policy is more restrictive than our recommendations, ex., timeframe/definition of "emergency" housing
- Policy does not adjust with market conditions in any EMA
- Policy will probably support extensions
- Exceptions for extensions based on individuals?
 - Antonetty: based on individuals with appropriate documentation; ask contractor to request two objective verifications and certifications of case managers
 - Clients had to sign statements that housing was temporary
 - HRSA lays out absolutes, but it is up to the EMAs' grantees, providers how to implement
- HRSA draft becomes policy after posting (usually) after six months
 - Antonetty noted that 2000-1 policy reached us in approximately two years before anything was implemented, that the 2001 manual was released with the 1999 policies.
- When should the community be informed?
 - Administration and psychological issues take a long time to make adjustments
 - Van Gorder: planning communication to 350+ to explain what's going on (very soon); i.e., SFAF has regular meetings
 - Work with committee to figure out message and keep clients current
 - Notify providers with suggestions
 - Employment providers work in conjunction with housing providers
 - What will our plan be approaching the City, i.e. backfill
- CARE and Addbacks = 3M
 - 338K annualized + 27K General Funds addback (HUH) + private sector funds
- Create Talking Points to share with others
 - clients need to plan accordingly
 - providers may make different budgeting decisions
- Explore opportunities by publicizing the \$137M City surplus
 - HOPWA increased funding request
 - Ellis Act: 85,000 PLWA in San Francisco, 545 need housing
- Housing may be disallowed or 75% required to be spent on core care
- Planning Council Members are meeting with the Board of Supervisors: Educational Project that discusses the impact of the CARE funds cuts. The

**HIV Health Services Planning Council
Housing Workgroup Draft MINUTES**

City's surplus exists today, but they are one-time only funds, creating a need to coordinate with MOH (Mayor's Office on Housing) and the San Francisco Redevelopment Agency. **Schedule a meeting with MOH; meet with Michelle Long, DPH HIV Health Services**

- TA is needed, more than analysis; The Planning Council, DPH, HUH need to work together to define needs, **write a letter to HRSA requesting TA regarding CARE fund housing regulations and how it affects housing.**
- Review Wait List, i.e., how can the list be changed regarding special sub-groups
- Who is not at this meeting?

8. Recommendation and Discussion of Response to the Policy

Comments on the presentation were discussed during the above item

9. Possible Next Meeting Date & Agenda Items

The next meeting date will be 9:30 – 11, Thursday, April 20th at the same location.

10. Meeting Adjourned

Co-Chair Antonetty adjourned the meeting at 11:00 a.m.

APR 18 2006

HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, April 20th, 2006
25 Van Ness Avenue, Room 330B
9:30 – 11:00am

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1. **Introductions** Group 9:30
2. **Review/Approve Agenda** Group 9:32
3. **Review/Approve the March 20th, 2006 Minutes** Group 9:35
4. **Announcements** Group 9:38
5. **Public Comment** Public 9:50
6. **Review and Discussion of HRSA (Health Resources and Services Administration) Letter**
(received 3/29/06: HAB Policy Notice-99-02, AMENDMENT #1, Document Title: The Use of
Ryan White CARE Act Funds for Housing Referral Services and Short-term or Emergency
Housing Needs) 10:00
Margot Antonetty, Chair
Michelle Long, SFDPH
7. **Recommendation and Discussion of Response Options to the HRSA Policy** 10:15
Margot Antonetty, Chair
Michelle Long, SFDPH
The Work Group will discuss the response to the findings and recommended actions.
8. **Review Request for Technical Assistance to HRSA from SFDPH, 4/3/2006** Group 10:30
9. **Next Steps** 10:45
Margot Antonetty, Chair
10. **Next Meeting Date & Determination of Agenda Items** Group 10:55
Unless otherwise noticed, the next meeting will be held on 9:30 – 11:00am, Thursday, May 18th at the same location.
11. **Meeting Adjournment** 11:00

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HIV Health Services Planning Council
Housing Work Group Draft Minutes
Thursday, April 20th, 2006
25 Van Ness Avenue, Room 330B
9:30 – 11:00am

MAY 17 2006

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Working Group Members Present: Margot Antonetty (SF Department of Public Health) (co-chair); Sherilyn Adams (Larkin Street Youth Services) (co-chair); Elizabeth Colomello (SF Redevelopment Agency); Michelle Long (SF Department of Public Health, HIV Health Services); Laura Thomas (Continuum); Brian Basinger (AIDS Housing Alliance); Courtney Pearson (SF AIDS Foundation); Robert Oropeza (Planning Council Member); Pam Sims (SF Redevelopment Agency); Dana van Gorder (SF AIDS Foundation); Richard Bargetto (Advocacy Project);
Council Support Present: Rodney Murphy (Peter Claver, CCCYO); Christian Irizarry (CCCYO); Jack Newby (Support Staff); Enrique Asis (Support Staff); Joe Lynn (Support Staff)

1. Introductions

Co-Chair Margot Antonetty called the meeting to order at 9:35 am; introductions were then made.

2. Review/Approve Agenda

The agenda was approved by consensus.

3. Review/Approve the *March 20th, 2006* Minutes

The minutes were approved by consensus.

4. Announcements

Mr. Jack Newby introduced Joe Lynn, new Council support staff.

Ms. Pam Sims said there was an upcoming HOPWA forum scheduled for May 4.

Mr. Christian Irizarry said that some HOPWA clients are calling providers with concerns on the housing issues, perhaps directed to do so by the AIDS Housing Alliance.

5. Public Comment

There was no public Comment.

6. Review and Discussion of HRSA (Health Resources and Services Administration) Letter (received 3/29/06: HAB Policy Notice-99-02, AMENDMENT #1, Document Title: The Use of Ryan White CARE Act Funds for Housing Referral Services and Short-term or Emergency Housing Needs)

Ms. Antonetty noted the interlinkage among the next agenda items. She said that the 60 day period for public comment on HRSA's proposal would begin upon their posting the policy which had not been done as of that morning.

Comments concerning the HRSA letter included:

- The definition of strategy in the letter was vague, but that there may be an advantage to its being vague:

- The lack of exceptions was troublesome;
- The three six-month extensions formerly there had been dropped – prompting some to ask for discussion concerning how those extensions were dropped;
- The policy had consequences on the general housing stock; and,
- The effects would extend beyond the clients to the providers and the general community.

Ms. Antonetty said the Department of Public Health (DPH) was working on a response that would include a resolution for the DPH Commission. She also thought they would ask for public support. The full Council would discuss its own response on behalf of the council and community with this committee preparing a draft.

Providers may want to write individual responses or join with others. SF AIDS Foundation (SFAF) would take the lead, but that Catholic Charities may send its own response. SFAF would provide a sample letter for others to consider since individual letters may be better. The Redevelopment Agency would write a letter also

There was also concern not to allow San Francisco to be isolated, and the question was asked whether other jurisdictions were being involved. Mr. Van Gorder said that he had talked to the National AIDS Housing Coalition to get other jurisdictions involved and would be glad to be the point person for contacting them. Some suggested getting the Board of Supervisors to pass a resolution that would then allow the City lobbyist to expend effort in their support.

These responses were outlined:

- Request a pilot project to test the ramifications of the proposal;
- Request a waiver process contingent on housing conditions;
- Ask for extensions to be added; or,
- Recommit to Mr. Phillips' initial recommendations.

Waivers usually existed in other housing programs when subject to regulatory as opposed to legislative requirements. Other examples of new policy directives launched by pilot programs were cited. Some suggested that the response include the number of homeless that might be generated by the new policy.

From HRSA's perspective, they might think that San Francisco has backfilled other gaps in funding from the general fund and would make up the \$3.3 million difference should the policy be enacted. This led others to recommend that the full impact including the possible cuts from reauthorization needed to be assessed. Perhaps, the National AIDS Housing Coalition's response could demonstrate that the impact would go beyond "outlier" San Francisco to the entire nation.

A reference to the Council request for technical assistance could raise the level of review which the Council response would receive. HRSA's policy was an attempt to micromanage at the local level a matter best left to local discretion.

HUD had some programs with 24 month terms but that they had extensions and waivers provided. More information and documentation of these programs could be collected

There was a need to coordinate the responses of DPH and other.

Suggestions were made to have the letter include the following:

- An explanation that the policy was a disaster;

- A plea for consistency with the HUD programs;
- An explanation of the technical assistance;
- A request to identify a jurisdiction for a pilot program;
- The impact on the full community and the difficulties of other programs to find housing for those in transitional programs.

References to HUD should be carefully drafted so as not to invite the response that this is a responsibility of HUD not HRSA. The Council might also add the fact that San Francisco as a destination city should not be expected to pay for a national problem.

There was a discussion of the difficulty to claim that housing units were lost due to previous CARE cuts since those cuts have been supplemented by additional GF dollars. The focus should not be on attrition but on the loss of funding.(???)

The question was raised as to when and how clients should be notified for their input to HRSA.

SFAF would need the names of providers and contact information for persons to contact in those agencies in order to circulate a draft letter with those folks, contractors and providers. Some asked that medical care providers be included. SFAF was also developing talking points for clients. Care needed to be taken not to cause panic among the clients. Clients would also be told of the strength of the community's commitment to do everything possible to keep folks from being homeless. The Council needed to be strategic on who was targeted and to make sure that accurate facts were presented. The focus should remain on HRSA, Congress and the government.

Recommendation and Discussion of Response Options to the HRSA Policy

10:15

This matter was discussed in Item 5 above.

Review Request for Technical Assistance to HRSA from SFDPH, 4/3/2006

Group 10:30

This matter was discussed in Item 5 above.

Next Steps

10:45

This matter was discussed in Item 5 above.

0. Next Meeting Date & Determination of Agenda Items

Unless otherwise noticed, the next meeting will be held on 9:30 – 11:00am, Thursday, May 18th at the same location.

1. Meeting Adjournment

The Meeting adjourned at 11:09

HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, May 18, 2006
25 Van Ness Avenue, Room 330B
9:30 – 11:00am

1. Introductions Group 9:30
2. Review/Approve Agenda Group 9:32
3. Review/Approve the April 20th, 2006 Minutes Group 9:35
4. Announcements Group 9:38
5. Public Comment Public 9:50
6. Review Response Issues to HRSA Regarding Amendment to Housing Policy
Margot Antonetty, Chair 10:00
8. Update Regarding Request for Technical Assistance to HRSA from SFDPH, 4/3/2006
Group 10:15
9. Discuss Presentation to Planning Council in August Group 10:30
10. Report Regarding Health Commission Resolution Opposing Proposed Limitation on Ryan
White Funds for Transitional Housing Group 10:40
11. Next Steps 10:50
Margot Antonetty, Chair
12. Report Back on Other Action Items
- SFRA letter, SFAF letter and other provider letters
 - DPH response letters
 - AHA – AIDS Housing Press Conference
13. Next Meeting Date & Determination of Agenda Items Group 10:55
Unless otherwise noticed, the next meeting will be held on 9:30 – 11:00am, Thursday, May 15th at the same location.
14. Meeting Adjournment 11:00
-

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HIV Health Services Planning Council
Housing Work Group Draft Agenda
Thursday, June 15th, 2006
25 Van Ness Avenue, Room 330B
9:30 – 11:00am

1. Introductions Group 9:30
2. Review/Approve Agenda Group 9:32
3. Review/Approve the May 18th, 2006 Minutes Group 9:35
4. Announcements Group 9:38
5. Public Comment Public 9:50
6. Review Response Issues to HRSA Regarding Amendment to Housing Policy
Margot Antonetty, Chair 10:00
8. Update Regarding Request for Technical Assistance to HRSA from SFDPH, 4/3/2006 10:15
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11. Next Steps 10:50
Margot Antonetty, Chair
12. Report Back on Other Action Items
- SFRA letter, SFAF letter and other provider letters
 - DPH response letters
 - AHA – AIDS Housing Press Conference
13. Next Meeting Date & Determination of Agenda Items 10:55
Unless otherwise noticed, the next meeting will be held on 9:30 – 11:00am, Thursday, July 20th at the same location.
14. Meeting Adjournment 11:00
-

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**HIV Health Services Planning Council
Housing Work Group *Draft* Agenda
Friday, January 5th, 2007
2 - 3:30pm
Department of Public Health, 101 Grove Street, Room 220
San Francisco, CA**

- | | | |
|---|--------|------|
| 1. Introductions | Group | 2:00 |
| 2. Review/Approve Agenda | Group | 2:02 |
| 3. Announcements | Group | 2:07 |
| 4. Public Comment | Public | 2:10 |
| 5. Update on and Discussion of the HRSA (Health and Resources Service Administration, United States Department of Health and Human Services) HAB Policy 99-02 Amendment | | |
| | Group | 2:13 |
| <i>Amendment to existing HRSA Policy Defining the Length of Stay in Housing that CARE Title I funding can be utilized.</i> | | |
| 6. Discussion of Groups Affected and Their Possible Responses | Group | 2:30 |
| <i>Groups and Constituencies include HIV service providers, HIV housing providers, consumers, Department of Public Health, advocacy agencies, Elected Representatives on local, state and federal level, etc.</i> | | |
| 7. Discussion and Possible Action Regarding the Initial Draft of a Letter to HRSA from the HIV Health Services Planning Council | Group | 2:50 |
| <i>At the December 18, 2006 Regular Meeting, Planning Council Members voted to direct the Work Group to draft a Response Letter to the HRSA housing length of stay policy amendment .</i> | | |
| 8. Next Steps | Group | 3:10 |
| <i>The Work Group will discuss possible assignments, meeting date(s), time(s) and location(s), agenda items and status of the committee.</i> | | |
| 9. Meeting Adjourned | | 3:30 |
-

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HIV Health Services Planning Council
Housing Work Group *Draft* Agenda
Thursday, January 11th, 2007
noon – 1pm
Department of Public Health, 101 Grove Street, Room 302
San Francisco, CA

- | | | |
|--|--------|-------|
| 1. Introductions | Group | 12:00 |
| 2. Review/Approve Agenda | Group | 12:02 |
| 3. Announcements | Group | 12:07 |
| 4. Public Comment | Public | 12:10 |
| 5. Review, discussion, and approval of draft comment letter on HRSA Length of Stay Policy for HIV Health Services Planning Council to be forwarded to the Steering Committee for Review– VOTE | | |
| | Group | 12:13 |
| 6. Discussion and Update on Efforts for the Other Comment Letters | Group | 12:35 |
| 7. Next Steps | Group | 12:45 |
| <i>The Work Group will discuss possible assignments, meeting date(s), time(s) and location(s), agenda items and status of the committee.</i> | | |
| 8. Meeting Adjourned | | 1:00 |
-

Note: Agenda items are subject to change, postponement, or removal. Meeting agendas are considered to be in DRAFT form until reviewed and approved by Committee attendees.

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San Francisco Department of Public Health, Housing and Urban Health
101 Grove Street, 3rd floor, San Francisco, CA 94102

This meeting place is wheelchair accessible. The closest accessible BART Station is Civic Center. Accessible MUNI lines serving this location are: #47 Van Ness, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call 923-6142.

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HIV Health Services Planning Council
Housing Ad Hoc Work Group
DRAFT Agenda
Thursday, January 24th, 2008
25 Van Ness Avenue Room 330B

4:00-5:30pm

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|--|-----------|------|
| 1. Welcome and Introductions | Co-Chairs | 4:00 |
| 2. Review/Approve Agenda | Group | 4:03 |
| 3. Review Upcoming Fiscal Year Housing Issues | Group | 4:04 |
| ▪ Housing Funding Update | | |
| 4. Next Meeting Date and Agenda Items | Group | 5:25 |
| <i>The next Housing Ad Hoc Work Group meeting will determined with a location to be announced.</i> | | |
| 5. Adjourn | | 5:30 |

Mission Statement: To ensure that the voice of the community and consumers are part of the work of the Council

The committee will ensure that consumers and other community members have the opportunity to give input to the Council, be educated on the issues that affect the HIV/AIDS community, and are empowered to be a voice for the needs of the HIV/AIDS community that can affect positive change and ensure public policies that enhance the lives of people living with HIV/AIDS.

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HIV Health Services Planning Council
730 Polk Street, 3rd Floor, San Francisco, CA 94109

San Francisco Department of Public Health, AIDS Office
25 Van Ness Avenue, 3rd floor, San Francisco, CA 94102

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[https://sfpl-exchange.sfpl.org/exchange/sfddocuments/Inbox/Housing Ad Hoc Work Group Meeting](https://sfpl-exchange.sfpl.org/exchange/sfddocuments/Inbox/Housing%20Ad%20Hoc%20Work%20Group%20Meeting)

Notice.EML/1_multipart_xF8FF_2_January 24 2008 Housing Ad Hoc Work Group.doc/C58EA28C-18C0-4a97-9AF2-036E93DDAFB3/January 24 2008 Housing Ad Hoc Work Group.doc?attach=1

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